

|  |             |                          |                           |
|--|-------------|--------------------------|---------------------------|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4181).<br><h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3> |             | <b>Complete if Known</b> |                           |
|  |             | Application Number       | 10/701,821-Conf. #7328    |
|  |             | Filing Date              | November 5, 2003          |
|  |             | First Named Inventor     | Paul Harold Donnelly, III |
|  |             | Examiner Name            | P. Kim                    |
|  |             | Art Unit                 | 2169                      |
|  |             | Attorney Docket No.      | M1103.70586US00           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |             |                          |                           |
| TOTAL AMOUNT OF PAYMENT  | (\$ 490.00) |                          |                           |

#### METHOD OF PAYMENT (check all that apply)

☐ Check   
 ☒ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account   
 Deposit Account Number: 23/2825   
 Deposit Account Name: Wolf, Greenfield & Sacks, P.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
|                  | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility          | 330         | 165                   | 540         | 270                   | 220              | 110                   |                |
| Design           | 220         | 110                   | 100         | 50                    | 140              | 70                    |                |
| Plant            | 220         | 110                   | 330         | 165                   | 170              | 85                    |                |
| Reissue          | 330         | 165                   | 540         | 270                   | 650              | 325                   |                |
| Provisional      | 220         | 110                   | 0           | 0                     | 0                | 0                     |                |

##### 2. EXCESS CLAIM FEES

| Fee Description                                    | Fee (\$) | Small Entity Fee (\$) |
|--|----------|-----------------------|
| Each claim over 20 (including Reissues)            | 52       | 26                    |
| Each independent claim over 3 (including Reissues) | 220      | 110                   |
| Multiple dependent claims                          | 390      | 195                   |

|  |                     |                 |                      |                                  |                 |                      |
|--|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| <u>Total Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| - or HP = _____ x _____ = _____  |                     |                 |                      |                                  |                 |                      |
| HP = highest number of total claims paid for, if greater than 20.      |                     |                 |                      |                                  |                 |                      |
| <u>Indep. Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |                                  |                 |                      |
| - or HP = _____ x _____ = _____  |                     |                 |                      |                                  |                 |                      |
| HP = highest number of independent claims paid for, if greater than 3. |                     |                 |                      |                                  |                 |                      |

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

|  |                     |   |                 |                      |
|--|---------------------|---|-----------------|----------------------|
| <u>Total Sheets</u>  | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
| _____  | _____               | _____   | _____           | _____                |
| - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ |                     |   |                 |                      |

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 4252 Extension for response within second month 490.00

|                   |                        |                                |                     |
|-------------------|------------------------|--------------------------------|---------------------|
| SUBMITTED BY      |                        | Registration No.               | Telephone           |
| Signature         |                        | (Attorney/Agent) <u>32,950</u> | <u>617.646.8000</u> |
| Name (Print/Type) | <u>Edmund J. Walsh</u> | Date                           | <u>Dec 15, 2009</u> |

#### Certificate of Electronic Filing Under 37 CFR 1.8

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4).

Date: 10-15-09 Signature: Delina A. Ranucci (Delina A. Ranucci)